			4. Dt	191 L	ACI	טועט		F 7.					
Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 9831933													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS 92							ſ	RATE	FEE	7	RATE	FEE	
FC)R	- f	NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	Basic Fee	710.00	
TC	TAL CHARGEA	BLE CLAIMS	(12_ minus 20=		. 92			X\$ 9=	825	NOR.	X\$18=		
BNE	EPENDENT C	LAIMS	13 mi	inus 3 =	0		X40=	vac	OR	X80=.			
MULTIPLE DEPENDENT CLAIN PRESENT								+135=	135	7	+270=		
* If the difference in column 1 is less than zero, enter *0* in column 2									171	, 7R	TOTAL		
CLAIMS AS AMENDED - PART II								TOTAL	; // (,	OTHER		
(Cotumn 1) (Cotumn 2) (Cotumn 3)									ENTITY	OR	SMALL		
AMENDMENT A		RÉMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	.60	Minus	11	2	=		X8 9=		OR	X\$18=		
	independent		Minus	··· /	3	2	l	X40=		OR	X80=		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1 ‴			
	•	0/10/10/0					L	+135=		OR	+270=		
١.			310100		. 4	YOYAL DOIT, FEE		OR	ADOIT, FEE				
(Column 1) (Column 2) (Column 3)												•	
EMT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVM PAID	SER OUSLY	PRESENT- EXTRA		RATE	ADDI- TIONAL FEE		PLATE	ADDI- TIONAL FEE	
3	Total	. 6	Minus	1	12	<u>.</u>	lΓ	X\$ 9=		OR	X\$18=		
AMENISMENT	independent	· 2	Minus		3	-		X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	ATTPLE DE	PENDENI	CLAIM		'	+135=		OR	+270=		
								YOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
_		_			-								
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NEAL PREVIO PAID		R PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus			•	lt	XS 9=		OR	X\$18=	·	
Ę	Independent	•	Minus	***		•	 	X4D _m		1	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+135•	<u> </u>	OR	+270=		
' If the entry in column 1 is less than the entry in column 2, write '0' in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE OR ADDIT. FEE OR THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-075